

RESIDENTIAL SAFE ROOM PERMIT APPLICATION

Application Number:	_ Appl	Application Fee: \$54.50	
Property Owner:(name)	(address)	(phone)	
Project Address:			
Legal description of property:			
	Lot:	Block	
Contractor Name:			
Contractor Address:	ional License to perform w	ork within the corporate	
Type of Safe Room: Below G	round Above 0	Ground	
Location of Safe Room: (Be specific)			
Cost of Safe Room Installation: \$	Square Foota	ge:	
Attach a sketched drawing of the Safe include other structures such as house,			
It shall be unlawful to commence the is has issued a building permit for such w		m until the Building Inspector	
An issued permit becomes invalid if to commence within 180 days of issuar suspension or abandonment 180 days	nce, or if the work on t	the site is incomplete due to	

final inspection by the Delaware County Emergency Management Department.

not presume to give authority to violate or cancel the plaw regulating construction or the performance of const	
Signature of Applicant:	Date:
Building Inspector Application Approval:	Date:

I hereby certify that I am the owner of the property described above. I further certify that the information provided is true and correct to the best of my knowledge. The work shall comply with all provisions of laws and ordinances, whether specified or not. The grant of a permit does